

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
2001/02  
FORM **460**

Date Stamp

Page 1 of 83

For Official Use Only

Statement covers period

from 09/23/2018

through 10/20/2018

Date of election if applicable:  
(Month, Day, Year)

11/06/2018

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☒ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
742051

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
San Francisco Democratic County Central Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Francisco</u>	<u>CA</u>	<u>94111</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

(415) 543-3305 / sowens@seowenscompany.com

## Treasurer(s)

NAME OF TREASURER  
Alysabeth Alexander

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Francisco</u>	<u>CA</u>	<u>94111</u>	<u>(415) 626-1161</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Stacy Owens

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Francisco</u>	<u>CA</u>	<u>94114</u>	<u>(510) 423-4300</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/2018 By Stacy Owens  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 3 of 83
I.D. NUMBER 742051		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Francisco Democratic County Central Committee

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$180,500.00	\$294,491.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$180,500.00	\$294,491.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$180,500.00	\$294,491.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$40,926.03	\$302,946.55
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$40,926.03	\$302,946.55
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$74,086.32	\$77,970.28
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$115,012.35	\$380,916.83

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date


## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$8,951.01	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$180,500.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00	
15. Cash Payments .....	Column A, Line 8 above	\$40,926.03	
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$148,524.98	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$77,970.28

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/23/2018		
through 10/20/2018		Page 4 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. Number 742051

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	Alison Collins for School Board San Francisco, CA 94109 Committee ID: 1401190	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
9/26/2018	Boston Properties San Francisco, CA 94111 Memo Reference: INC34750	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
10/19/2018	Build, Inc. San Francisco, CA 94102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
10/19/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
9/25/2018	Carmen Chu for Assessor 2018 San Francisco, CA 94108 Committee ID: 1398053	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$180,500.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$180,500.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/23/2018</u>		<b>CALIFORNIA FORM 460</b>
through <u>10/20/2018</u>		
		Page <u>5</u> of <u>83</u>
NAME OF FILER San Francisco Democratic County Central Committee		I.D. Number 742051

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2018	Catherine Stefani for Supervisor 2018 San Francisco, CA 94108 Committee ID: 1402502	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,000.00	\$7,000.00	
10/18/2018	CDXX, LLC San Francisco, CA 94102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
10/1/2018	Committee to Elect Faauuga Moliga for School Board 2018 San Francisco, CA 94114 Committee ID: 1401091	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/18/2018	Conscious Vitality Corporation Brisbane, CA 94005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
10/8/2018	David Chiu for Assembly 2018 San Francisco, CA 94104 Committee ID: 1393047	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$3,000.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/23/2018</u>		<b>CALIFORNIA FORM 460</b>
through <u>10/20/2018</u>		
Page <u>6</u> of <u>83</u>		I.D. Number 742051

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Francisco Democratic County Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2018	Eaze Solutions, Inc. San Francisco, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
10/8/2018	Gordon Mar for District 4 Supervisor San Francisco, CA 94117 Committee ID: 1406921	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$706.00	
10/9/2018	Grass Roots, Inc. San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
	***INTERMEDIARY*** San Francisco Farmer's Box, Inc. San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2018	Haney for Supervisor 2018 San Francisco, CA 94114 Committee ID: 1398951	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 7 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Francisco Democratic County Central Committee	I.D. Number 742051
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/2018	International Federation of Professional and Technical Engineers (IFPTE) Local 21 TJ Anthony Fund San Francisco, CA 94102 Committee ID: 881248	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$10,000.00	
10/15/2018	International Federation of Professional and Technical Engineers Local 21 Issues Political Action Committee San Francisco, CA 94103 Committee ID: 1362080	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
10/8/2018	Lovett for School Board 2018 San Francisco, CA 94122 Committee ID: 1409303	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/11/2018	Fred Naranjo Scottsdale, AZ 85251 Memo Reference: INC34784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scarborough Insurance Agency President And CEO	\$5,000.00	\$5,000.00	
9/25/2018	National Union of Healthcare Workers Candidate Committee Sacramento, CA 95815 Committee ID: 1318200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$15,600.00	

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>09/23/2018</u>		<b>CALIFORNIA FORM 460</b>
through <u>10/20/2018</u>		
Page <u>8</u> of <u>83</u>		I.D. Number 742051

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Francisco Democratic County Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	National Union of Healthcare Workers Candidate Committee Sacramento, CA 95815 Committee ID: 1318200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$15,600.00	
10/12/2018	New Deal Advisors San Francisco, CA 94108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/15/2018	One Vassar LLC San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
10/10/2018	Erich Pearson San Francisco, CA 94103 Memo Reference: INC34780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sparc CEO	\$5,000.00	\$5,000.00	
10/12/2018	Phil Ting for Assembly 2018 Sacramento, CA 85041 Committee ID: 1393484	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$6,100.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/23/2018</u>		<b>CALIFORNIA FORM 460</b>
through <u>10/20/2018</u>		
Page <u>9</u> of <u>83</u>		I.D. Number 742051

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Francisco Democratic County Central Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2018	Rafael Mandelman for Supervisor 2018 General San Francisco, CA 94114 Committee ID: 1395950	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
9/28/2018	Re-Elect Thea Selby for the San Francisco Community College Board 2018 San Francisco, CA 94012 Committee ID: 1398961	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,025.00	
10/1/2018	San Franciscans for the Arts Oakland, CA 94612 Committee ID: 1386300	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
10/11/2018	San Francisco Laborer's Local 261 PAC San Francisco, CA 94110 Committee ID: 981076	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
10/3/2018	Sheet Metal Workers International Association Local No 104 PAC San Ramon, CA 94583 Committee ID: 850381	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 10 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Francisco Democratic County Central Committee	I.D. Number 742051
--	-----------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2018	Strengthen our Seawall for Earthquakes and Disasters, Yes on Prop A Sacramento, CA 95815 Committee ID: 1402245	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
10/1/2018	Unite Here Local 2 PAC San Francisco, CA 94102 Committee ID: 1243324	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$11,000.00	
10/1/2018	United Educators Of San Francisco Candidate PAC San Francisco, CA 94133 Committee ID: 1311218	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40,000.00	\$41,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$180,500.00		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 09/23/2018  
through 10/20/2018

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 09/23/2018 through 10/20/2018	<b>CALIFORNIA FORM 460</b>
	Page 12 of 83
I.D. Number 742051	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>83</u>
I.D. Number 742051	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 09/23/2018

through 10/20/2018

CALIFORNIA  
FORM **460**

Page 14 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Francisco Democratic County Central Committee

I.D. NUMBER

742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	Payee Name: Gavin Newsom - G2018 Candidate Name: Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Alex Padilla - SOS - 2018 Candidate Name: Alex Padilla Secretary of State Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Betty Yee - Controller - 2018 Candidate Name: Betty Yee State Controller Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$85,491.74
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$85,491.74

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>15</u> of <u>83</u>
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	Payee Name: Fiona Ma - Treasurer - 2018 Candidate Name: Fiona Ma State Treasurer Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Xavier Becerra - G2018 Candidate Name: Xavier Becerra Attorney General Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Tony Thurmond - SPI - 2018 Candidate Name: Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Ricardo Lara - Insurance Comm. - 2018 Candidate Name: Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 16 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	Payee Name: Malia Cohen - BOE D2 - 2018 Candidate Name: Malia Cohen Board of Equalization Member District 2 Jurisdiction: Board of Equalization District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: David Chiu - AD 17 - 2018 Candidate Name: David Chiu State Assembly Person District 17 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Phil Ting - AD19 - 2018 Candidate Name: Phil Ting State Assembly Person District 19 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,116.52	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	No on Prop 6: Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments and transportation adv Eliminates Certain Road Repair and Transportation Funding. Requires Certain Fuel Taxes and Vehicle Fees be Approved by The Electorate. Initiative Constitutional Amendment Ballot Number or Letter: 6 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$6,828.14	\$7,203.91	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

**SUBTOTAL**



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 17 of 83

NAME OF FILER  
 San Francisco Democratic County Central Committee

I.D. NUMBER  
 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	CA Prop 10 - G2018 Expands Local Governments&146; Authority to Enact Rent Control on Residential Property. Initiative Statute. Ballot Number or Letter: 10 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$3,226.84	\$3,322.93	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Jonathan Lyens - G2018 Candidate Name: Jonathan Lyens Director District 8 Jurisdiction: BART Board	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,192.47	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Alison Collins - G2018 Candidate Name: Alison Collins Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,456.25	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Committee to Elect Faauuga Moliga for School Board 2018 Candidate Name: Faauuga Moliga Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,456.25	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 18 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	Payee Name: Li Miao Lovett - G2018 Candidate Name: Li Miao Lovett Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,456.25	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Re-Elect Thea Selby for the San Francisco Community College Board 2018 Candidate Name: Thea Selby Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,097.41	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Brigitte Davila - G2018 Candidate Name: Brigitte Davila Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,097.41	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Jeff Adachi - G2018 Candidate Name: Jeff Adachi Public Defender Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,192.47	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>09/23/2018</u>		
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NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	Payee Name: Carmen Chu - G2018 Candidate Name: Carmen Chu Assessor Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$1,192.47	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Yes on A - G2018 Embarcadero Seawall Earthquake Safety Bond Ballot Number or Letter: A Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$3,259.09	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Yes on B - G2018 City Privacy Guidelines Ballot Number or Letter: B Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$3,259.09	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Yes on C - G2018 Additional Business Taxes to Fund Homeless Services Ballot Number or Letter: C Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$3,259.09	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 20 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	Yes on D - G2018 Additional Tax on Cannabis Businesses; Expanding the Businesses Subject ot Business Taxes Ballot Number or Letter: D Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$2,146.75	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Yes on E - G2018 Partial Allocation of Hotel Tax for Arts and Cultural Purposes Ballot Number or Letter: E Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$2,146.75	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	CA Prop 1 - G2018 Authorizes Bonds to Fund Specified Housing Assistance Programs. Legislative Statute. Ballot Number or Letter: 1 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$225.75	\$393.31	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	CA Prop 2 - G2018 Authorizes Bonds to Fund Existing Housing Program for Individuals with Mental Illness. Legislative Statute Ballot Number or Letter: 2 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$225.75	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/23/2018

through 10/20/2018

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

San Francisco Democratic County Central Committee

I.D. NUMBER  
 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	CA Prop 4 - G2018 Authorizes Bonds Funding Construction at Hospitals Providing Children&146;s Health Care. Initiative Statute. Ballot Number or Letter: 4 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$225.75	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	CA Prop 5 - G2018 Changes Requirements for Certain Property Owners to Transfer their Property Tax Base to Replacement Property. Initiative Constitutional Amendment and Statute. Ballot Number or Letter: 5 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$225.75	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/3/2018	CA Prop 7 - G2018 Conforms California Daylight Saving Time to Federal Law. Allows Legislature to Change Daylight Saving Time Period. Legislative Statute. Ballot Number or Letter: 7 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$225.75	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	CA Prop 8 - G2018 Regulates Amounts Outpatient Kidney Dialysis Clinics Charge for Dialysis Treatment. Initiative Statute. Ballot Number or Letter: 8 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$225.75	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/23/2018

through 10/20/2018

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

San Francisco Democratic County Central Committee

I.D. NUMBER  
 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	CA Prop 11 - G2018 Requires Private-Sector Emergency Ambulance Employees to Remain On-Call During Work Breaks. Eliminates Certain Employer Liability. Initiative Statute. Ballot Number or Letter: 11 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$225.75	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/3/2018	CA Prop 12 - G2018 Establishes New Standards for Confinement of Specified Farm Animals; Bans Sale of Noncomplying Products. Initiative Statute. Ballot Number or Letter: 12 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$225.75	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Catherine Stefani for Supervisor 2018 Candidate Name: Catherine Stefani County Supervisor District 2 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$936.77	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Gordon Mar for District 4 Supervisor Candidate Name: Gordon Mar County Supervisor District 4 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$936.77	\$10,336.02	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 23 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2018	Payee Name: Haney for Supervisor 2018 Candidate Name: Matt Haney County Supervisor District 6 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$936.77	\$19,989.43	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Rafael Mandelman for Supervisor 2018 General Candidate Name: Rafael Mandelman County Supervisor District 8 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$936.77	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2018	Payee Name: Shamann Walton for Supervisor 2018 Candidate Name: Shamann Walton County Supervisor District 10 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$936.78	\$1,076.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Gavin Newsom - G2018 Candidate Name: Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 24 of 83

NAME OF FILER  
 San Francisco Democratic County Central Committee

I.D. NUMBER  
 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	Payee Name: Alex Padilla - SOS - 2018 Candidate Name: Alex Padilla Secretary of State Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Betty Yee - Controller - 2018 Candidate Name: Betty Yee State Controller Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Fiona Ma - Treasurer - 2018 Candidate Name: Fiona Ma State Treasurer Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Xavier Becerra - G2018 Candidate Name: Xavier Becerra Attorney General Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 25 of 83

NAME OF FILER  
 San Francisco Democratic County Central Committee

I.D. NUMBER  
 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	Payee Name: Tony Thurmond - SPI - 2018 Candidate Name: Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Ricardo Lara - Insurance Comm. - 2018 Candidate Name: Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Malia Cohen - BOE D2 - 2018 Candidate Name: Malia Cohen Board of Equalization Member District 2 Jurisdiction: Board of Equalization District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: David Chiu - AD 17 - 2018 Candidate Name: David Chiu State Assembly Person District 17 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>26</u> of <u>83</u>
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	Payee Name: Phil Ting - AD19 - 2018 Candidate Name: Phil Ting State Assembly Person District 19 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.19	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	CA Prop 1 - G2018 Authorizes Bonds to Fund Specified Housing Assistance Programs. Legislative Statute. Ballot Number or Letter: 1 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$393.31	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	CA Prop 2 - G2018 Authorizes Bonds to Fund Existing Housing Program for Individuals with Mental Illness. Legislative Statute Ballot Number or Letter: 2 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	CA Prop 4 - G2018 Authorizes Bonds Funding Construction at Hospitals Providing Children&146;s Health Care. Initiative Statute. Ballot Number or Letter: 4 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/23/2018

through 10/20/2018

**CALIFORNIA  
FORM 460**

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NAME OF FILER

San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	CA Prop 5 - G2018 Changes Requirements for Certain Property Owners to Transfer their Property Tax Base to Replacement Property. Initiative Constitutional Amendment and Statute. Ballot Number or Letter: 5 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/10/2018	No on Prop 6: Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments and transportation adv Eliminates Certain Road Repair and Transportation Funding. Requires Certain Fuel Taxes and Vehicle Fees be Approved by The Electorate. Initiative Constitutional Amendment Ballot Number or Letter: 6 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$7,203.91	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/10/2018	CA Prop 7 - G2018 Conforms California Daylight Saving Time to Federal Law. Allows Legislature to Change Daylight Saving Time Period. Legislative Statute. Ballot Number or Letter: 7 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	CA Prop 8 - G2018 Regulates Amounts Outpatient Kidney Dialysis Clinics Charge for Dialysis Treatment. Initiative Statute. Ballot Number or Letter: 8 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/23/2018

through 10/20/2018

**CALIFORNIA**  
**FORM 460**

Page 28 of 83

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	CA Prop 10 - G2018 Expands Local Governments' Authority to Enact Rent Control on Residential Property. Initiative Statute. Ballot Number or Letter: 10 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$3,322.93	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	CA Prop 11 - G2018 Requires Private-Sector Emergency Ambulance Employees to Remain On-Call During Work Breaks. Eliminates Certain Employer Liability. Initiative Statute. Ballot Number or Letter: 11 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/10/2018	CA Prop 12 - G2018 Establishes New Standards for Confinement of Specified Farm Animals; Bans Sale of Noncomplying Products. Initiative Statute. Ballot Number or Letter: 12 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$27.65	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Jonathan Lyens - G2018 Candidate Name: Jonathan Lyens Director District 8 Jurisdiction: BART Board	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.80	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/23/2018		
through 10/20/2018		Page 29 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	Payee Name: Catherine Stefani for Supervisor 2018 Candidate Name: Catherine Stefani County Supervisor District 2 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$32.01	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Gordon Mar for District 4 Supervisor Candidate Name: Gordon Mar County Supervisor District 4 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$32.01	\$10,336.02	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Rafael Mandelman for Supervisor 2018 General Candidate Name: Rafael Mandelman County Supervisor District 8 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$32.01	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Shamann Walton for Supervisor 2018 Candidate Name: Shamann Walton County Supervisor District 10 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$32.01	\$1,076.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 30 of 83

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	Payee Name: Haney for Supervisor 2018 Candidate Name: Matt Haney County Supervisor District 6 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$9,854.58	\$19,989.43	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Alison Collins - G2018 Candidate Name: Alison Collins Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.80	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Committee to Elect Faauuga Moliga for School Board 2018 Candidate Name: Faauuga Moliga Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.80	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Li Miao Lovett - G2018 Candidate Name: Li Miao Lovett Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.80	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 31 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	Payee Name: Jeff Adachi - G2018 Candidate Name: Jeff Adachi Public Defender Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.80	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Carmen Chu - G2018 Candidate Name: Carmen Chu Assessor Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.80	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Re-Elect Thea Selby for the San Francisco Community College Board 2018 Candidate Name: Thea Selby Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$43.66	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Payee Name: Brigitte Davila - G2018 Candidate Name: Brigitte Davila Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$43.66	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/23/2018		
through 10/20/2018		Page 32 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	Yes on A - G2018 Embarcadero Seawall Earthquake Safety Bond Ballot Number or Letter: A Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$29.10	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Yes on B - G2018 City Privacy Guidelines Ballot Number or Letter: B Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$29.10	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Yes on C - G2018 Additional Business Taxes to Fund Homeless Services Ballot Number or Letter: C Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$29.10	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2018	Yes on D - G2018 Additional Tax on Cannabis Businesses; Expanding the Businesses Subject of Business Taxes Ballot Number or Letter: D Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$29.10	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 33 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2018	Yes on E - G2018 Partial Allocation of Hotel Tax for Arts and Cultural Purposes Ballot Number or Letter: E Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$29.10	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Gavin Newsom - G2018 Candidate Name: Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Alex Padilla - SOS - 2018 Candidate Name: Alex Padilla Secretary of State Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Betty Yee - Controller - 2018 Candidate Name: Betty Yee State Controller Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 34 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	Payee Name: Fiona Ma - Treasurer - 2018 Candidate Name: Fiona Ma State Treasurer Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Xavier Becerra - G2018 Candidate Name: Xavier Becerra Attorney General Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Tony Thurmond - SPI - 2018 Candidate Name: Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Ricardo Lara - Insurance Comm. - 2018 Candidate Name: Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 35 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	Payee Name: Malia Cohen - BOE D2 - 2018 Candidate Name: Malia Cohen Board of Equalization Member District 2 Jurisdiction: Board of Equalization District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: David Chiu - AD 17 - 2018 Candidate Name: David Chiu State Assembly Person District 17 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Phil Ting - AD19 - 2018 Candidate Name: Phil Ting State Assembly Person District 19 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$39.99	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	CA Prop 1 - G2018 Authorizes Bonds to Fund Specified Housing Assistance Programs. Legislative Statute. Ballot Number or Letter: 1 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$78.83	\$393.31	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 36 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	CA Prop 2 - G2018 Authorizes Bonds to Fund Existing Housing Program for Individuals with Mental Illness. Legislative Statute Ballot Number or Letter: 2 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$7.36	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	CA Prop 4 - G2018 Authorizes Bonds Funding Construction at Hospitals Providing Children&146;s Health Care. Initiative Statute. Ballot Number or Letter: 4 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$7.36	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	CA Prop 5 - G2018 Changes Requirements for Certain Property Owners to Transfer their Property Tax Base to Replacement Property. Initiative Constitutional Amendment and Statute. Ballot Number or Letter: 5 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$7.36	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/11/2018	No on Prop 6: Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments and transportation adv Eliminates Certain Road Repair and Transportation Funding. Requires Certain Fuel Taxes and Vehicle Fees be Approved by The Electorate. Initiative Constitutional Amendment Ballot Number or Letter: 6 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$287.04	\$7,203.91	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 37 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	CA Prop 7 - G2018 Conforms California Daylight Saving Time to Federal Law. Allows Legislature to Change Daylight Saving Time Period. Legislative Statute. Ballot Number or Letter: 7 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$7.36	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	CA Prop 8 - G2018 Regulates Amounts Outpatient Kidney Dialysis Clinics Charge for Dialysis Treatment. Initiative Statute. Ballot Number or Letter: 8 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$7.36	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	CA Prop 10 - G2018 Expands Local Governments&146; Authority to Enact Rent Control on Residential Property. Initiative Statute. Ballot Number or Letter: 10 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$7.36	\$3,322.93	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	CA Prop 11 - G2018 Requires Private-Sector Emergency Ambulance Employees to Remain On-Call During Work Breaks. Eliminates Certain Employer Liability. Initiative Statute. Ballot Number or Letter: 11 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$7.36	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 38 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	CA Prop 12 - G2018 Establishes New Standards for Confinement of Specified Farm Animals; Bans Sale of Noncomplying Products. Initiative Statute. Ballot Number or Letter: 12 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$7.36	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Jonathan Lyens - G2018 Candidate Name: Jonathan Lyens Director District 8 Jurisdiction: BART Board	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$41.43	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Catherine Stefani for Supervisor 2018 Candidate Name: Catherine Stefani County Supervisor District 2 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$43.01	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Gordon Mar for District 4 Supervisor Candidate Name: Gordon Mar County Supervisor District 4 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$43.01	\$10,336.02	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/23/2018

through 10/20/2018

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 San Francisco Democratic County Central Committee

I.D. NUMBER  
 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	Payee Name: Haney for Supervisor 2018 Candidate Name: Matt Haney County Supervisor District 6 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$43.01	\$19,989.43	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Rafael Mandelman for Supervisor 2018 General Candidate Name: Rafael Mandelman County Supervisor District 8 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$43.01	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Shamann Walton for Supervisor 2018 Candidate Name: Shamann Walton County Supervisor District 10 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$43.01	\$1,076.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Alison Collins - G2018 Candidate Name: Alison Collins Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$82.87	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 40 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	Payee Name: Committee to Elect Faauuga Moliga for School Board 2018 Candidate Name: Faauuga Moliga Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$82.87	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Li Miao Lovett - G2018 Candidate Name: Li Miao Lovett Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$82.87	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Re-Elect Thea Selby for the San Francisco Community College Board 2018 Candidate Name: Thea Selby Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$35.37	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Brigitte Davila - G2018 Candidate Name: Brigitte Davila Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$35.37	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 41 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	Payee Name: Jeff Adachi - G2018 Candidate Name: Jeff Adachi Public Defender Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$41.43	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Payee Name: Carmen Chu - G2018 Candidate Name: Carmen Chu Assessor Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$41.43	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Yes on A - G2018 Embarcadero Seawall Earthquake Safety Bond Ballot Number or Letter: A Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$81.37	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Yes on B - G2018 City Privacy Guidelines Ballot Number or Letter: B Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$81.37	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 09/23/2018

through 10/20/2018

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	Yes on C - G2018 Additional Business Taxes to Fund Homeless Services Ballot Number or Letter: C Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$81.37	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Yes on D - G2018 Additional Tax on Cannabis Businesses; Expanding the Businesses Subject ot Business Taxes Ballot Number or Letter: D Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$45.63	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/11/2018	Yes on E - G2018 Partial Allocation of Hotel Tax for Arts and Cultural Purposes Ballot Number or Letter: E Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ad	\$45.63	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Gavin Newsom - G2018 Candidate Name: Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution  <input checked="" type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
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NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Payee Name: Alex Padilla - SOS - 2018 Candidate Name: Alex Padilla Secretary of State Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Betty Yee - Controller - 2018 Candidate Name: Betty Yee State Controller Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Fiona Ma - Treasurer - 2018 Candidate Name: Fiona Ma State Treasurer Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Xavier Becerra - G2018 Candidate Name: Xavier Becerra Attorney General Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 44 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Payee Name: Tony Thurmond - SPI - 2018 Candidate Name: Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Ricardo Lara - Insurance Comm. - 2018 Candidate Name: Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Malia Cohen - BOE D2 - 2018 Candidate Name: Malia Cohen Board of Equalization Member District 2 Jurisdiction: Board of Equalization District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: David Chiu - AD 17 - 2018 Candidate Name: David Chiu State Assembly Person District 17 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 45 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Payee Name: Phil Ting - AD19 - 2018 Candidate Name: Phil Ting State Assembly Person District 19 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$21.58	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	CA Prop 1 - G2018 Authorizes Bonds to Fund Specified Housing Assistance Programs. Legislative Statute. Ballot Number or Letter: 1 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$393.31	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	CA Prop 2 - G2018 Authorizes Bonds to Fund Existing Housing Program for Individuals with Mental Illness. Legislative Statute Ballot Number or Letter: 2 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	CA Prop 4 - G2018 Authorizes Bonds Funding Construction at Hospitals Providing Children&146;s Health Care. Initiative Statute. Ballot Number or Letter: 4 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 46 of 83

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	CA Prop 5 - G2018 Changes Requirements for Certain Property Owners to Transfer their Property Tax Base to Replacement Property. Initiative Constitutional Amendment and Statute. Ballot Number or Letter: 5 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/12/2018	No on Prop 6: Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments and transportation adv Eliminates Certain Road Repair and Transportation Funding. Requires Certain Fuel Taxes and Vehicle Fees be Approved by The Electorate. Initiative Constitutional Amendment Ballot Number or Letter: 6 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$7,203.91	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/12/2018	CA Prop 7 - G2018 Conforms California Daylight Saving Time to Federal Law. Allows Legislature to Change Daylight Saving Time Period. Legislative Statute. Ballot Number or Letter: 7 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	CA Prop 8 - G2018 Regulates Amounts Outpatient Kidney Dialysis Clinics Charge for Dialysis Treatment. Initiative Statute. Ballot Number or Letter: 8 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 47 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	CA Prop 10 - G2018 Expands Local Governments&146; Authority to Enact Rent Control on Residential Property. Initiative Statute. Ballot Number or Letter: 10 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$3,322.93	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	CA Prop 11 - G2018 Requires Private-Sector Emergency Ambulance Employees to Remain On-Call During Work Breaks. Eliminates Certain Employer Liability. Initiative Statute. Ballot Number or Letter: 11 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/12/2018	CA Prop 12 - G2018 Establishes New Standards for Confinement of Specified Farm Animals; Bans Sale of Noncomplying Products. Initiative Statute. Ballot Number or Letter: 12 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$22.77	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Jonathan Lyens - G2018 Candidate Name: Jonathan Lyens Director District 8 Jurisdiction: BART Board	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$31.96	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 48 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Payee Name: Catherine Stefani for Supervisor 2018 Candidate Name: Catherine Stefani County Supervisor District 2 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.37	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Gordon Mar for District 4 Supervisor Candidate Name: Gordon Mar County Supervisor District 4 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$9,285.92	\$10,336.02	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Haney for Supervisor 2018 Candidate Name: Matt Haney County Supervisor District 6 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.37	\$19,989.43	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Rafael Mandelman for Supervisor 2018 General Candidate Name: Rafael Mandelman County Supervisor District 8 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.37	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						



**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/23/2018		
through 10/20/2018		Page 49 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Payee Name: Shamann Walton for Supervisor 2018 Candidate Name: Shamann Walton County Supervisor District 10 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$26.37	\$1,076.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Alison Collins - G2018 Candidate Name: Alison Collins Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$31.96	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Committee to Elect Faauuga Moliga for School Board 2018 Candidate Name: Faauuga Moliga Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$31.96	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Li Miao Lovett - G2018 Candidate Name: Li Miao Lovett Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$31.96	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from 09/23/2018		
through 10/20/2018		Page 50 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Payee Name: Jeff Adachi - G2018 Candidate Name: Jeff Adachi Public Defender Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$31.96	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Carmen Chu - G2018 Candidate Name: Carmen Chu Assessor Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$31.96	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Re-Elect Thea Selby for the San Francisco Community College Board 2018 Candidate Name: Thea Selby Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$35.96	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Brigitte Davila - G2018 Candidate Name: Brigitte Davila Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$35.96	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 51 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Yes on A - G2018 Embarcadero Seawall Earthquake Safety Bond Ballot Number or Letter: A Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$23.97	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Yes on B - G2018 City Privacy Guidelines Ballot Number or Letter: B Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$23.97	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Yes on C - G2018 Additional Business Taxes to Fund Homeless Services Ballot Number or Letter: C Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$23.97	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Yes on D - G2018 Additional Tax on Cannabis Businesses; Expanding the Businesses Subject of Business Taxes Ballot Number or Letter: D Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$23.97	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 52 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Yes on E - G2018 Partial Allocation of Hotel Tax for Arts and Cultural Purposes Ballot Number or Letter: E Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$23.97	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Gavin Newsom - G2018 Candidate Name: Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Alex Padilla - SOS - 2018 Candidate Name: Alex Padilla Secretary of State Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Betty Yee - Controller - 2018 Candidate Name: Betty Yee State Controller Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 53 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Payee Name: Fiona Ma - Treasurer - 2018 Candidate Name: Fiona Ma State Treasurer Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Xavier Becerra - G2018 Candidate Name: Xavier Becerra Attorney General Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Tony Thurmond - SPI - 2018 Candidate Name: Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Ricardo Lara - Insurance Comm. - 2018 Candidate Name: Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from 09/23/2018		
through 10/20/2018		Page 54 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Payee Name: Malia Cohen - BOE D2 - 2018 Candidate Name: Malia Cohen Board of Equalization Member District 2 Jurisdiction: Board of Equalization District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: David Chiu - AD 17 - 2018 Candidate Name: David Chiu State Assembly Person District 17 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Phil Ting - AD19 - 2018 Candidate Name: Phil Ting State Assembly Person District 19 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,242.59	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	CA Prop 10 - G2018 Expands Local Governments&146; Authority to Enact Rent Control on Residential Property. Initiative Statute. Ballot Number or Letter: 10 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$3,322.93	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>55</u> of <u>83</u>
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	CA Prop 2 - G2018 Authorizes Bonds to Fund Existing Housing Program for Individuals with Mental Illness. Legislative Statute Ballot Number or Letter: 2 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	CA Prop 4 - G2018 Authorizes Bonds Funding Construction at Hospitals Providing Children&146;s Health Care. Initiative Statute. Ballot Number or Letter: 4 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	CA Prop 5 - G2018 Changes Requirements for Certain Property Owners to Transfer their Property Tax Base to Replacement Property. Initiative Constitutional Amendment and Statute. Ballot Number or Letter: 5 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/18/2018	No on Prop 6: Stop the Attack on Bridge & Road Safety, sponsored by business, labor, local governments and transportation adv Eliminates Certain Road Repair and Transportation Funding. Requires Certain Fuel Taxes and Vehicle Fees be Approved by The Electorate. Initiative Constitutional Amendment Ballot Number or Letter: 6 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$7,203.91	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 56 of 83

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	CA Prop 7 - G2018 Conforms California Daylight Saving Time to Federal Law. Allows Legislature to Change Daylight Saving Time Period. Legislative Statute. Ballot Number or Letter: 7 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	CA Prop 1 - G2018 Authorizes Bonds to Fund Specified Housing Assistance Programs. Legislative Statute. Ballot Number or Letter: 1 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$393.31	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	CA Prop 11 - G2018 Requires Private-Sector Emergency Ambulance Employees to Remain On-Call During Work Breaks. Eliminates Certain Employer Liability. Initiative Statute. Ballot Number or Letter: 11 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$321.84	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/18/2018	CA Prop 12 - G2018 Establishes New Standards for Confinement of Specified Farm Animals; Bans Sale of Noncomplying Products. Initiative Statute. Ballot Number or Letter: 12 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 57 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Payee Name: Jonathan Lyens - G2018 Candidate Name: Jonathan Lyens Director District 8 Jurisdiction: BART Board	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Catherine Stefani for Supervisor 2018 Candidate Name: Catherine Stefani County Supervisor District 2 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Gordon Mar for District 4 Supervisor Candidate Name: Gordon Mar County Supervisor District 4 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$10,336.02	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Rafael Mandelman for Supervisor 2018 General Candidate Name: Rafael Mandelman County Supervisor District 8 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,076.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/23/2018		
through 10/20/2018		Page 58 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Payee Name: Shamann Walton for Supervisor 2018 Candidate Name: Shamann Walton County Supervisor District 10 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,076.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Alison Collins - G2018 Candidate Name: Alison Collins Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Committee to Elect Faauuga Moliga for School Board 2018 Candidate Name: Faauuga Moliga Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Li Miao Lovett - G2018 Candidate Name: Li Miao Lovett Board of Education Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,648.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from 09/23/2018		
through 10/20/2018		Page 59 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Payee Name: Re-Elect Thea Selby for the San Francisco Community College Board 2018 Candidate Name: Thea Selby Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Brigitte Davila - G2018 Candidate Name: Brigitte Davila Community College Board Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,250.71	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Jeff Adachi - G2018 Candidate Name: Jeff Adachi Public Defender Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Carmen Chu - G2018 Candidate Name: Carmen Chu Assessor Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$1,342.97	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 60 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Yes on A - G2018 Embarcadero Seawall Earthquake Safety Bond Ballot Number or Letter: A Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Yes on B - G2018 City Privacy Guidelines Ballot Number or Letter: B Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Yes on C - G2018 Additional Business Taxes to Fund Homeless Services Ballot Number or Letter: C Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$3,431.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Yes on D - G2018 Additional Tax on Cannabis Businesses; Expanding the Businesses Subject of Business Taxes Ballot Number or Letter: D Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/23/2018	
through	10/20/2018	Page 61 of 83

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Yes on E - G2018 Partial Allocation of Hotel Tax for Arts and Cultural Purposes Ballot Number or Letter: E Jurisdiction: San Francisco	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$2,283.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Haney for Supervisor 2018 Candidate Name: Matt Haney County Supervisor District 6 Jurisdiction: San Francisco, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$9,128.70	\$19,989.43	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	CA Prop 8 - G2018 Regulates Amounts Outpatient Kidney Dialysis Clinics Charge for Dialysis Treatment. Initiative Statute. Ballot Number or Letter: 8 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication Mailer	\$38.31	\$321.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$85,491.74

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/23/2018		
through 10/20/2018		Page 62 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
S.E. Owens & Company Oakland, CA 94618	PRO		\$2,977.69
Olson, Hagel, & Fishburn, LLP Sacramento, CA 95814-4602	PRO		\$406.27
San Francisco Democratic Central Committee (Federal) San Francisco, CA 94107 Memo Reference: EXP34749	FND		\$3,026.17
Committee ID: C00392928			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$40,926.03
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$40,926.03

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through 10/20/2018		Page 63 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stearns Consulting San Francisco, CA 94110	CTB		Member Communication Mailer	\$10,986.64
San Francisco Democratic Central Committee (Federal) San Francisco, CA 94107	OFC			\$86.13
Committee ID: C00392928 San Francisco Democratic Central Committee (Federal) San Francisco, CA 94107	SAL			\$2,480.43
Committee ID: C00392928 San Francisco Democratic Central Committee (Federal) San Francisco, CA 94107	FND			\$66.08
Committee ID: C00392928 SF Center for Newspaper Preservation San Francisco, CA 94110	IND			\$2,500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through 10/20/2018		Page 64 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Housing Rights Committe of San Francisco San Francisco, CA 94103	CVC			\$5,000.00
Donor Stack, LLC Oakland, CA 94618	WEB			\$213.12
Democracy Live Seattle, WA 98105			Exempt Party Activity/Slate Card	\$500.00
Olson, Hagel, & Fishburn, LLP Sacramento, CA 95814-4602	PRO			\$2,091.00
ActBlue Technical Services Cambridge, MA 02138	FND			\$197.50

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through 10/20/2018		Page 65 of 83
NAME OF FILER San Francisco Democratic County Central Committee		I.D. NUMBER 742051

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Cambridge, MA 02138	FND			\$395.00
Veracity Media Washington, DC 20005	CTB	Digital ads		\$10,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$40,926.03

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 09/23/2018  
through 10/20/2018

CALIFORNIA  
FORM 460

Page 66 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Olson, Hagel, & Fishburn, LLP Sacramento, CA 95814-4602	PRO	\$406.27	\$0.00	\$406.27	\$0.00
S.E. Owens & Company Oakland, CA 94618	PRO	\$2,977.69	\$0.00	\$2,977.69	\$0.00
Stearns Consulting San Francisco, CA 94110	CTB Member Communication Mailer	\$0.00	\$51,921.79	\$0.00	\$51,921.79

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$77,970.28
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$3,883.96
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$74,086.32  
May be a negative number.

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/23/2018  
through 10/20/2018

**CALIFORNIA  
FORM 460**

Page 67 of 83

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Stearns Consulting San Francisco, CA 94110	IND Newspaper Ad	\$0.00	\$1,818.72	\$0.00	\$1,818.72
Stearns Consulting San Francisco, CA 94110	CTB Member Communication Mailer	\$0.00	\$10,218.43	\$0.00	\$10,218.43
S.E. Owens & Company Oakland, CA 94618	PRO	\$0.00	\$3,465.17	\$0.00	\$3,465.17
Democracy Live Seattle, WA 98105	Exempt Party Activity/Slate Card	\$500.00	\$0.00	\$500.00	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 09/23/2018  
through 10/20/2018

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Stearns Consulting San Francisco, CA 94110	CTB Member Communication Mailer	\$0.00	\$10,546.17	\$0.00	\$10,546.17
<b>SUBTOTALS</b>		\$3,883.96	\$77,970.28	\$3,883.96	\$77,970.28

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 09/23/2018  
through 10/20/2018

**CALIFORNIA FORM 460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Pacific Standard Press

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster San Francisco, CA 94124	CTB		Member Communication Mailer Postage	\$30,823.46

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$30823.46

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 70 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Precise Mailing

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster San Francisco, CA 94124	CTB		Member Communication Mailer Postage	\$2,209.70
US Postmaster San Francisco, CA 94124	CTB		Member Communication Mailer Postage	\$1,968.68
US Postmaster San Francisco, CA 94124	CTB		Member Communication Mailer Postage	\$2,652.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$6830.38

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
San Francisco Democratic Central Committee (Federal)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Adam Mehis San Francisco, CA 94114	SAL			\$2,304.17
IDM Payroll Solutions Walnut Creek, CA 94596	SAL			\$176.26
Atwater Tavern San Francisco, CA 94158	FND			\$3,092.25

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5572.68

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Stearns Consulting

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Standard Press Sacramento, CA 95818	CTB		Member Communication Mailer Mailhouse	\$3,350.00
Pacific Standard Press Sacramento, CA 95818	CTB		Member Communication Mailer Data	\$700.00
Pacific Standard Press Sacramento, CA 95818	CTB		Member Communication Mailer Postage	\$30,823.46
Precise Mailing South San Francisco, CA 94080	CTB		Member Communication Mailer Mailhouse	\$679.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$35552.96

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Stearns Consulting

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Standard Press Sacramento, CA 95818	CTB		Member Communication Mailer Delivery	\$250.00
Pacific Standard Press Sacramento, CA 95818	CTB		Member Communication Mailer Printing	\$13,620.00
Board of Equalization San Francisco, CA 94105	CTB		Member Communication Mailer Sales Tax	\$289.98
Board of Equalization San Francisco, CA 94105	CTB		Member Communication Mailer Sales Tax	\$278.88

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$14438.86

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Stearns Consulting

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Board of Equalization San Francisco, CA 94105	CTB		Member Communication Mailer Sales Tax	\$280.95
Board of Equalization San Francisco, CA 94105	IND		Newspaper Ad Sales Tax	\$24.97
Board of Equalization San Francisco, CA 94105	CTB		Member Communication Mailer Sales Tax	\$1,253.33
Precise Mailing South San Francisco, CA 94080	CTB		Member Communication Mailer Postage	\$2,652.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4211.25

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 09/23/2018  
through 10/20/2018

CALIFORNIA  
FORM **460**

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NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Stearns Consulting

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Precise Mailing South San Francisco, CA 94080	CTB		Member Communication Mailer Mailhouse	\$629.74
Precise Mailing South San Francisco, CA 94080	CTB		Member Communication Mailer Postage	\$1,968.68
Precise Mailing South San Francisco, CA 94080	CTB		Member Communication Mailer Mailhouse	\$668.08
Precise Mailing South San Francisco, CA 94080	CTB		Member Communication Mailer Postage	\$2,209.70

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5476.20

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Stearns Consulting

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SF Van, LLC San Francisco, CA 94102	CTB		Member Communication Mailer Data	\$408.00
SF Van, LLC San Francisco, CA 94102	CTB		Member Communication Mailer Data	\$387.28
SF Van, LLC San Francisco, CA 94102	CTB		Member Communication Mailer Data	\$398.40
Spotlight Design & Printing San Francisco, CA 94107	CTB		Member Communication Mailer Printing	\$1,980.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3173.68

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Stearns Consulting

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spotlight Design & Printing San Francisco, CA 94107	CTB		Member Communication Mailer Delivery	\$250.00
Spotlight Design & Printing San Francisco, CA 94107	CTB		Member Communication Mailer Printing	\$1,980.00
Spotlight Design & Printing San Francisco, CA 94107	CTB		Member Communication Mailer Delivery	\$250.00
Spotlight Design & Printing San Francisco, CA 94107	CTB		Member Communication Mailer Printing	\$2,080.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4560.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Stearns Consulting

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spotlight Design & Printing San Francisco, CA 94107	CTB		Member Communication Mailer Delivery	\$150.00
Zebra Graphics San Francisco, CA 94103	CTB		Member Communication Mailer Graphics	\$425.00
Zebra Graphics San Francisco, CA 94103	IND		Newspaper Ad Graphic Design	\$250.00
Zebra Graphics San Francisco, CA 94103	CTB		Member Communication Mailer Prepress	\$425.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1250.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
from 09/23/2018  
through 10/20/2018

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NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Stearns Consulting

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Zebra Graphics San Francisco, CA 94103	CTB		Member Communication Mailer Prepress	\$425.00
Zebra Graphics San Francisco, CA 94103	CTB		Member Communication Mailer Prepress	\$425.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$850.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 09/23/2018  
through 10/20/2018

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NAME OF FILER  
San Francisco Democratic County Central Committee

I.D. NUMBER  
742051

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Veracity Media

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Menlo Park, CA 94025	CTB		Digital ads	\$10,000.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$10000.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 09/23/2018 through 10/20/2018	<b>CALIFORNIA FORM 460</b>
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742051

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

**NET** \_\_\_\_\_  
(May be a negative number)

\*\* If Required

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period

from 09/23/2018

through 10/20/2018

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742051

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$ .00

## Schedule I Summary

- Increases to cash of \$100 or more this period..... \$ .00
- Unitemized increases to cash under \$100 this period..... \$ .00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ .00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$ .00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC34750

Received through intermediary Helen Han Four Embarcadero Center, Ste 1 SF, CA 94111. Contribution earmarked and received through ActBlue 14 Arrow Street, Suite 11 Cambridge, MA 02138. PAC limit not affected.

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Memo Reference: INC34780

Contribution earmarked and received through ActBlue 14 Arrow Street, Suite 11 Cambridge, MA 02138. PAC limit not affected.

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Memo Reference: INC34784

Contribution earmarked and received through ActBlue 14 Arrow Street, Suite 11 Cambridge, MA 02138. PAC limit not affected.

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Memo Reference: EXP34749

Adjustment of 8/14/18 joint federal and state campaigns fundraiser cost ratio.

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